

Regional Director's Message on World AIDS Day 2016



On 1 December of every year since 1988, the world has been celebrating World AIDS Day. This day provides an opportunity to reaffirm our commitment to the cause of HIV prevention and treatment. It draws attention to the HIV epidemic; raises awareness about HIV; and above all is an opportunity to remember loved ones who lost out to AIDS, in solidarity with people living with HIV, celebrating success, survival and triumph against this scourge of the 21st century.

Today we are at a historic moment in our fight against HIV, having reversed the epidemic that was one of the Millennium Development Goals for 2015. We, however, fell short on our commitment of universal access to HIV treatment. We have now embarked on a mission to end the AIDS epidemic as a public health threat by 2030 as part of Sustainable Development Goal 3.3 – this is through an interim goal, which aims to achieve the 90-90-90 targets by 2020; that is, identifying 90% of people living with HIV, putting 90% of those identified on effective treatment, and ensuring that 90% of those on treatment have successfully suppressed the multiplication of HIV in their bodies. This will not only help people with HIV live longer and healthier, but will also interrupt transmission of the virus resulting in fewer new infections.

Scientific advances have given us newer prevention tools; effective medicines that can treat, if not cure; and diagnostics to monitor and measure change and effectiveness of our interventions. Above all, we have the political will, commitment and an active, engaging civil society that has steered the HIV response from the lanes of despondency to the path of hope. And yet, only one in two people living with HIV know their status; and of those that do know, only half are on treatment. This is unacceptable. We cannot let go of the momentum and give up on a public health success that will go down in the annals of history as a shining example of public health success led by the public and enabled by governments in partnership with development partners and academia.

The South-East Asia Region of WHO, home to the second highest number of people with HIV after sub-Saharan Africa, has an estimated 3.5 million people living with HIV of whom about 1.4 million are on treatment. Expansion of HIV treatment has resulted in a 47% decline in new infections in the Region in 2015 compared with 2010. AIDS-related deaths, after impressive declines in the first 10 years of this century, have started to stagnate. One reason for this is late diagnosis and treatment initiation that also reduces the prevention benefit of early treatment.

Viral suppression is the key monitoring indicator for response to treatment and for programme effectiveness. It also helps in detecting early drug resistance, which is so important in fighting antimicrobial resistance – a looming and formidable public health challenge. Access to routine viral load measurements is still a challenge in most countries of the Region – with the exception of Thailand.

Stigma and discrimination continue to pose access barriers to key populations at highest risk of HIV, and this must change if we are to achieve an AIDS-free world.

Providing HIV services within a universal health-care framework reaps rich dividends as we saw in the case of Thailand, which achieved elimination of mother-to-child transmission of HIV and syphilis in June 2016.

As treatment expands, people with HIV live longer and are at risk of diseases related to lifestyles and ageing, i.e. noncommunicable diseases (NCDs). We know that people with HIV on lifelong treatment are at higher risk of NCDs, and non-AIDS illnesses are now major causes of mortality among people living with HIV. This calls for a chronic care model within a primary care approach.

WHO has been updating evidence on prevention, testing, treatment, monitoring – including drug resistance – and service delivery approaches. The Global Strategy on Health Sector Response to HIV 2016–2021, endorsed by all Member States at the World Health Assembly in May 2016, provides the framework for effective and sustainable implementation of evidence-based interventions. We need to be innovative and strike where it impacts the most; our focus and prioritization of interventions is critical, especially in low and concentrated epidemic settings in populous countries. This is all the more important in the scenario of receding resources. Proactive and affirmative action, backed by political will and innovative and sustainable financing will go a long way in fast tracking the national HIV responses that would steer the South-East Asia Region towards an AIDS-free generation and an AIDS-free world.

The theme for this year is PREVENT, TEST AND TREAT ALL – let us all commit ourselves to making this happen.



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